## ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES 4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844 Phoenix Metro assistance: (623) 463-9946

Outside Phx Metro: 1-800-277-6675

**PUBLIC WEIGHMASTER APPLICATION** 

LICENSE FEE = \$48

Website: http://www.weights.az.gov

**PLEASE PRINT** 

APPLICANT NAME:				В	IRTH DATE:			(Must be at least 18 years old)
BUSINESS NAME:					PHONE:			FAX:
BUSINESS ADDRESS:					CITY:			ZIP:
PHYSICAL LOCATION:				<u> </u>				
SCALE OWNER INFORMATION (	if different from business i	name above):						
SCALE OWNER NAME:			BMF#:		ADDRESS:			
SCALE TYPE:	VEHICLE SCALE	OTHER		DECK/PLA	FORM SIZE:		CAPACITY:	. lbs x
OTHER LOCATIONS WHERE	YOU WILL BE A PUBLIC	WEIGHMASTER:			_			
1 ADDRESS:			CITY:		ZIP:			
SCALE OWNER NAME:			BMF#:		ADDRESS:			
SCALE TYPE:	VEHICLE SCALE	OTHER		DECK/PLA	FORM SIZE:		CAPACITY:	. lbs x
2 ADDRESS:			CITY:		ZIP:			
SCALE OWNER NAME:			BMF#:		ADDRESS:			
SCALE TYPE:	VEHICLE SCALE	OTHER		DECK/PLA	FORM SIZE:		CAPACITY:	. lbs x
DESCRIBE YOUR EXPERIEN	ICE IN THE USE OF THE S	CALE INDICATED	ABOVE:					
LIGHT OURDENITY VI JOENOE	DEBUTY BUBLIO WEIGH		5 111 111 1					
LIST CURRENTLY-LICENSEI NAME		IMASTERS (Deput BIRTH DATE	NAME	aster applicat		BIRTH DATE	•	icensea): SEAL REQUEST (check one)
IVAIVIL		DIKTITUATE	IVAIVIL			DIKTITUATE	Ė	STAMP
							L	STAWII
								HAND HELD PRESS
							_	
								DESK TOP PRESS
ARS 41-2093 requires a Public	: Weighmaster to have a vali	id Public Weighmas	ster license. In add	ition, applicant	s must pass a w	ritten examinatio	on before they o	can perform Public Weighmaster duties.
This is to certify that I have full	•	-			•		-	
Department regulations relating					•			,
APPLICANT MUST ATTACH	A DRAFT OF THE WEIGHT	CERTIFICATE TH	IAT WILL BE USE	D.				DEPT USE: Test Date:
								Score:
				Ī				License Issued:
APPLICANT SIGNATURE:			lo lo	DATE:			_	DWM156(3

FAX: 602-255-1950